

# Eastern Allergy Conference

June 1-4, 2023

The Breakers ~ Palm Beach, Florida

## EAC Promotional Opportunities - Rate Sheet

Eastern Allergy Conference

450 Veterans Memorial Parkway Bldg #15

East Providence, RI 02914

Fax: 401-331-0223

Return to Ginny Loiselle at above address or at [ginnyloiselle@easternallergyconference.org](mailto:ginnyloiselle@easternallergyconference.org)

Tax ID #: 05-0515560 (501c3)

Company: \_\_\_\_\_

Contact person: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Item	Quantity	Cost	Total Fee
Exhibit Booth (single 8' X 6')		\$ 4,500	
Exhibit Booth (single 8' X 6') Premium Position		\$ 5,500	
Exhibit Booth (double 16' X 6')		\$ 7,000	
<b>Prime Time Product Theater</b> (45 minutes includes Room Rental and AV) EAC will provide Food and Beverage for attendees			
• Afternoon Theater Thursday **		\$19,000	
• Evening Theater Thursday **		\$30,500	
• Breakfast Theater Friday (Capacity 140) **		\$26,500	
• Breakfast Theater Friday (Capacity 80) **		\$19,900	
• Lunch Theater Friday (Capacity 140) *		\$34,500	
• Lunch Theater Friday (Capacity 80) *		\$28,500	
• Breakfast Theater Saturday (Capacity 140) **		\$26,500	
• Breakfast Theater Saturday (Capacity 80) **		\$19,900	
• Lunch Theater Saturday (Capacity 140) *		\$34,500	
• Lunch Theater Saturday (Capacity 80) *		\$28,500	
• Breakfast Theater Sunday (Capacity 140) **		\$26,500	
• Breakfast Theater Sunday (Capacity 80) **		\$19,900	
• Midmorning Theater Sunday **		\$17,500	
* Must be a Diamond Corporate Sponsor for a Fri./Sat. lunch theater			
**Must be at least a Platinum Corporate Sponsor for a non-lunch theater			
Coffee Break-Napkins/Cups displayed Sponsorship			
Friday		\$ 4,000	
Saturday		\$ 4,000	
Lanyards		\$ 7,750	
Satellite Industry Meeting Space - (advisory board/speaker training/etc.)		\$17,500	
Wednesday 7:00 AM to 3:00 PM			
Thursday 7:00 AM to 2:30 PM			
Room Drop (rate per day)		\$ 1,900	
Registration Packet Insert		\$ 750	
Pharma Poster Session (\$400 per abstract submission)		\$ 400	
Publication of abstract in the <i>Allergy &amp; Asthma Proceedings</i>		\$ 400	
<b>Total</b>			

Name on card (please print) \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp date \_\_\_\_\_

Signature: \_\_\_\_\_